



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY  
SECRETARY

PAUL J. COTE, JR.  
COMMISSIONER

**Questions and Answers  
Regarding the Student Asthma Surveillance Summary  
for the 2003-2004 School Year**

The questions and answers presented below can be used to address inquiries that school staff might have or be asked by parents/guardians regarding your school's 2003-2004 Student Asthma Surveillance Summary recently provided by the Massachusetts Department of Public Health (MDPH).

**A. Why did the MDPH look at asthma in my school?**

The Commonwealth of Massachusetts was one of seven states across the U.S. to be awarded funds in 2002 from the U.S. Centers for Disease Control and Prevention (CDC) to track health conditions thought to be impacted by the environment. Further, the CDC and state health departments are making the epidemic of asthma in children a priority focus of public health. The MDPH elected to track asthma in children who are enrolled in grades K through 8 in order to learn how much asthma exists in the state and which communities may have more asthma than others. This will allow the MDPH to plan targeted public health interventions statewide. No particular schools were selected because of environmental concerns or because of concerns over elevated rates of pediatric asthma.

**B. Which schools participated in the MDPH pediatric asthma surveillance program?**

Schools that enrolled children in any of grades K through 8 were requested to participate in the 2003-2004 pediatric asthma surveillance program. There were 1,520 public, 41 charter, and 565 private schools in Massachusetts that fit these eligibility criteria. The MDPH received surveillance data from 1,664 of the 2,128 eligible schools. Of these 1,664 schools, data from 1,658 (78% of eligible schools) were used in the calculation of prevalence figures.

**C. What information was requested from schools?**

The surveillance covered the 2003-2004 school year, and collected basic information including name and address of the school, number of children with asthma by grade and gender, and what resources the school nurse used to determine that a child had asthma (e.g., parent

communication, medication orders, etc.) Information was collected at the school level only. Information that might identify an individual student was not requested or received.

#### **D. What is the source of the information for my school's Student Asthma Surveillance Summary?**

Asthma data provided in your school's surveillance summary came from the school nurse or health contact. School enrollment information for the 2003-2004 school year came from the Massachusetts Department of Education (DOE) or from school administration. Data were provided to the MDPH in accordance with state law (105 CMR 300.192), which authorizes the MDPH to collect health information for public health surveillance. As stated previously, no information that could be used to identify an individual student was received, requested, or shared.

#### **E. How do I interpret the prevalence figures?**

In this surveillance summary, prevalence is defined as the percentage of enrolled students reported by school nurses to have asthma during the 2003-2004 school year. The asthma prevalence for the school is shown in Appendix III of the surveillance report. The asthma prevalence for the school includes students in grades K-8 that the school nurse reported to have asthma. If the nurse reported not to know the number of students with asthma in a particular grade, then that grade's enrollment was not included in the calculation of prevalence for that school, or for the state.

#### **F. Should I take action if the reported asthma prevalence in my school is higher than the statewide reported prevalence estimate?**

Surveillance data do not identify the reasons for higher or lower asthma prevalence, and higher prevalence does not mean there is an environmental problem within the community, district, or individual schools. The most important thing to do is to ensure that primary health providers are managing every child with asthma appropriately. For a school, this would include maintaining an asthma medical action plan for each child with asthma.

#### **G. Why is my school's information listed as "Data Not Shown"?**

The MDPH is obligated to protect the identity of individuals when working with health data. In some schools with small enrollment, it might be possible to identify an individual based on the number of students reported to have asthma. Therefore, the MDPH did not publish asthma information for these schools.

#### **H. Who can I contact for assistance regarding indoor air quality or other environmental concerns at a school?**

The presence of students with asthma is not necessarily an indicator of air quality problems in a school building. However, if indoor air quality problems are suspected in a school, the MDPH Indoor Air Quality Program can be contacted and an evaluation scheduled. The MDPH also has

programs that can assist with educational information for school staff and parents regarding asthma management and the reduction of factors that might trigger asthma attacks at school or at home. Contact information for the MDPH is listed at the end of this document.

**I. Will this surveillance be conducted again?**

Pediatric asthma surveillance will be conducted by the MDPH again during the 2004-2005 school year.

**I. Where can I get additional information?**

Questions regarding this summary can be directed to the MDPH Center for Environmental Health at:  
617-624-5757